Attorney Docket No.: 80398.P566 Patent

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)
m to representation	) Examiner: Bayat, A.
Xun Xu	)
	) Art Unit: 2624
Serial No.: 10/661,315	)
	)
Filed: September 12, 2003	)
For: Binary Mask Interpolation	)
	)
P.O. Box 1450	
Alexandria, VA 22313-1450	

## COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE

Applicants are assuming that the Examiner's statement of reasons for allowance is to be taken in light of the structure and interaction recited in the claims. Applicants note that the Examiner's various comments should not be used to read non-existent limitations into the claims.

Respectfully submitted,

BLAKELY, SOKOLOFE, TAYLOR & ZAFMAN LLP

Date: 8597, 12, 2008

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Mail Stop M Correspondence Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 INSTRUCTIONS: Only an address associated with a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be specified when the patentee would like correspondence related to maintenance fees to be mailed to a different address than the correspondence address for the application. If there is a Customer Number already associated with the fee address for the patent or allowed application, check the first box below and provide the Customer Number in the space provided. If there is no Customer Number associated with the fee address for the patent or allowed application, you must check the second box below and attach a Request for Customer Number form (PTO/SB/125). For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403. Please recognize as the "Fee Address" under the provisions of 37 CFR 1,363 the address associated with: Customer Number: 36645 OR Request for Customer Number (PTO/SB/125) attached hereto in the following listed application(s) for which the Issue Fee has been paid for patent(s). PATENT NUMBER APPLICATION NUMBER (if known) 10/661,315 Completed by (check one): Applicant/Inventor Signature ✓ Attorney or Agent of record \_\_\_ Sheryl Sue Holloway (Reg. No.) Typed or printed name Assignee of record of the entire interest. See 37 CFR 3.71. 408-720-8300 Statement under 37 CFR 3.73(b) is enclosed. Requester's telephone number (Form PTO/SB/96) SENT. 12, 2008 Assignee recorded at Reel \_\_\_\_\_ Frame NOTE: Signatures of all the inventors or assignees of record of the entire interest or thoir representative(s) are required. Submit multiple forms if more that one signature is required, see below\* forms are submitted. 1 (one)

This collection of information is required by 37 CFR 1383. The information is required by the time of relain a benefit by the paties which is to five one by the SEPTO to proceed an application. Confidentially a governed by 56 Let 2 and 37 CFR 11 and 11 4 This collection is estimated to take 5 minutes to complete, and-using epithering, Preparing, and submitting the completed application from to the USPTO. Then will very depending upon the individual case, Any comments on the amount of time by a requires no complete the formation of time by a requires to complete the form amount of time by a requires no complete the formation of time by the section of the complete the process of the complete the complete the section of the control of the complete the complete the section of the complete the section of the complete the complete